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ABSTRACT

This annotated bibliography is part of a series that offers a synthesis of knowledge on rehabilitation of Native Americans who are disabled. This volume of the series covers mental health issues and lists, alphabetically by author, a total of 65 books, dissertations, journal articles, and reports issued between 1967 and 1985. (JDD)

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Native American Rehabilitation: A Bibliographic Series, No. 5

Mental Health Issues

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Keres Word: Thoughts or concepts to consider

Research Report

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Native American Rehabilitation:
A Bibliographic Series, No. 5

Mental Health Issues

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Introduction

The information listed here is intended to provide consumers, policy makers, direct service providers, researchers, advocates, and parents with a synthesis of knowledge regarding key issues related to the rehabilitation of Native Americans who are disabled. The Bibliographic Series consists of seven key topical areas including: (a) assessment issues; (b) rehabilitation issues; (c) special education issues; (d) family issues; (e) mental health issues; (f) health care issues; and (g) medically related disability issues.

Selection Process

Materials for inclusion in the Bibliographic Series were identified through a comprehensive search of relevant databases. The years of the computerized search included 1966 to 1986, varying across databases, depending on the availability of computerized material and the comprehensiveness of the database within this time period. The databases included in the search were: (a) ERIC (Educational Resource Information Center); (b) BRS (Bibliographical Retrieval Services: attitudes, education, intellectual development, language, and rehabilitation); (c) NARIC (National Association of Rehabilitation Information Center: RehabData); (d) Dialog (ABI/Inform, Medline, PscyhInfo, Sociological Abstracts); and (e) FAMULUS.

In addition, materials identified by the Native American Research and Training Center research staff through journal content analysis were included. Materials identified through this first step were then individually reviewed for inclusion based on the criteria outlined below.

Selection Criteria

Materials were selected for inclusion in the Bibliographic Series if the information was relevant to one of the seven identified topical areas. In addition, material that was identified from non-computerized sources and consisted of

incomplete bibliographic information such that the material could not be located through assistance from the library, or by writing the authors, was excluded. Abstracts were rewritten when necessary to provide further clarity of the study findings. The materials selected here represent what is believed to be a comprehensive summary of information related to the seven topical areas.

MENTAL HEALTH

Ablon, J. (1971). Cultural conflict in urban Indians. Mental Hygiene, 55(2), 199-205.

The author emphasized the need for community agency personnel who possess an understanding of the unique cultural characteristics brought by Indians to the city. Indian values are frequently at odds with the prevailing values of American culture. Some of the Indian values mentioned in the article that contribute to cultural conflict include: non-competiveness, sharing, importance of the extended family, and withdrawal in the face of unpleasant situations. A case study was presented of an Indian family who relocated to an urban area.

Barter, E. R., & Barter, J. T. (1974). Urban Indians and mental health problems. Psychiatric Annals, 4(9), 37-43.

Of the total population of American Indians, over 35% now live in urban areas. Problems encountered by Indians relying on a health care delivery system designed by and for the Anglo majority were discussed. Attitudes that impede Indian utilization of available programs were mentioned. The resulting emotional impact on Indians who experience barriers to treatment were discussed as well as recommendations for providing mental health services to American Indians.

Bates, C. E., & Van Dam, C. H. (1984). Low incidence of schizophrenia in British Columbia coastal Indians. Journal of Epidemiology & Community Health, 38(2), 127-130.

The authors presented schizophrenia rates obtained from a British Columbia coastal Indian group numbering 14,000 people. One subgroup numbering 12,000 people

showed an incidence of 10 cases per 100,000 population per year. An atypical subgroup of 1,800 showed an incidence of 49 cases per 100,000 population per year. These rates suggested that schizophrenia may be caused by abnormal fatty acid metabolism. Another study by the first author implied the existence of a delta-5 or delta-6 desaturase enzyme mutation, or both, in the Indian population under study.

Beiser, M. (1981). Mental health of American Indian and Alaska Native children: Some epidemiological perspectives. White Cloud Journal, 2(2), 37-47.

The author described research which indicated that American Indian children use Indian Health Service facilities at a relatively low rate; e.g., they make up less than 15% of mental health contacts. A large proportion of the Indian population is under age 15, and possible reasons for the apparent neglect of their mental health were considered. It was suggested that the psychological health of these children should be studied by behavioral scientists. Definitional problems of psychiatric epidemiology were discussed, and an awareness of cultural factors in treating American Indian and Alaska Native children was recommended. Guidelines for measuring children's mental health were presented.

Beiser, M., & Attneave, C. L. (1982). Mental disorders among Native American children: Rates and risk periods for entering treatment. American Journal of Psychiatry, 139(2), 193-198.

A comparison of national data was conducted for 1969 and 1974 on the use of outpatient mental health services by Native American children and by non-Indian children. At all ages except 5-9 years, Indian subjects were at higher risk for entering the treatment system than were non-Indian subjects. Utilization patterns varied by age and sex. School and poverty effects were discussed as possible reasons for the higher risk rates observed in Indian children.

Berlin, I. N. (1984). Prevention of emotional problems among Native-American children: Overview of developmental issues. Annual Progress in Child Psychiatry & Child Development, 1984, 320-333.

Achievement of developmental tasks by the Native American child may be affected seriously by depression and alcoholism of nurturing adults. In addition to depression and effects of alcoholism, aspects of cultural conflict constitute the interference in achievement by young Native Americans. Native Americans are trapped between a hostile Anglo society and relatively weak Native American culture. In some cases, generations of such conflict are altered by militant use of ancient heritages along with finding ways to keep adolescents employed and a part of the community. Examples of early intervention and secondary prevention efforts in various developmental stages indicated that constructive changes are difficult, but possible.

Blanchard, J. D., Blanchard, E. L., & Roll, S. (1977). A psychological autopsy of an Indian adolescent suicide with implications for community services. Suicide and Life Threatening Behavior, 6(1), 3-9.

This psychological autopsy of the suicidal death of an adolescent Indian boy included a brief family background, a history of his difficulties, and a report of his psychological evaluation. In this report, the authors attempted to provide an understanding of the societal and familial factors that seem to have predisposed the boy to commit suicide. These factors included: traditional tribal-base disintegration; an inviable value system with tribal religion being less influential; alienation; racial discrimination; and feelings of low self-esteem. The report concluded with an analysis of the resources currently available in Indian communities.

Borunda, P., & Shore, J. H. (1978). Neglected minority: Urban Indians and mental health. International Journal of Social Psychiatry, 24(3), 220-224.

The authors presented evidence to support the hypotheses that urban American Indians will show an explosive population growth within the next decade and that certain segments of this population will be in a high morbidity category for specific emotional and physical illnesses and accidents. These findings were based on a study of Indians in the Portland, Oregon area. American Indians who participated in this study expressed a need for mental health education and for direct services to counter alcoholism, drug addiction, and general mental health problems. The authors suggested that effective health services can be obtained if service providers are sensitive to tribal diversity, traditional values, and positive cultural reinforcements.

Canadian Psychiatric Association. (1978). Statement by the Canadian Psychiatric Association's section on Mental health. White Cloud Journal, 1(2), 11-12.

This article summarized the position of the members serving on the Canadian Psychiatric Association's Section on Native People's Mental Health. The individuals contributing to this position statement contended that the root causes of mental health problems among Canada's Natives lie in many areas including economics, history, and domination by a culture very different from their own culture. Six recommendations for improving the state of mental health of Canadian Natives were offered: (a) transfer administration of services in the areas of health, education, and welfare of children and families to peoples of Native Ancestry; (b) emphasize training of Native peoples in professional fields by providing supplementary programs that are designed to assist Natives in obtaining diplomas and degrees; (c) enact legislation to encourage local user participation, control, and staffing in human resource programs for Natives; (d) enact legislation requiring participation of local Native political structures in finding foster care placements for the

children of Native families and further, that this legislation mandate preference for fostering and placement, in decreasing order, to blood relatives, band members, and Natives who belong to the same Indian nation as the Native child; (e) Native children should, wherever feasible, be taught by Native teachers who include as part of the curriculum Native culture, language traditions, and history; and (f) develop school curriculum for all Canadian children which contains information to encourage non-Native children to understand the strengths of Native culture.

Conrad, R. D., & Kahn, M. W. (1974). An epidemiological study of suicide and attempted suicide among the Papago Indians. American Journal of Psychiatry, 131 (1), 69-72.

An epidemological study of suicide among the Papago Indians of the Southwest was conducted over a 3-year period. The data showed that the suicide rate among Papagos exceeded that for the United States as a whole; however the rate was lower than rates for other Native American tribes. Most of the suicide victims were young men who had a history of alcohol abuse. Papagos who lived on the reservation were found to have a lower suicide rate than Papagos who lived in urban areas.

Dana, R. H. (1981). Human services for cultural minorities. Baltimore, MD: University Park Press

In this book, the author describes pervasive cultural values that affect utilization of human services by various minority groups, including Native Americans. The author insisted that knowledge of these values, beliefs, and prevailing cultural practices influence the form and content of effective remediation programs and intervention strategies. The application of cultural practices to systems of service delivery and in the training of service providers was discussed.

Dizmang, L. H., Watson, J., May, P. A., & Bopp, J. (1974). Adolescent suicide at an Indian Reservation. American Journal of Orthopsychiatry, 44(1), 43-49.

The authors presented findings of a study of adolescent suicide on an Indian Reservation. The backgrounds of 10 American Indians who committed suicide between 15 and 24 years of age were compared with a matched control group from the same tribe. A data survey form was completed for each subject in the areas of family background, health and clinic record, police record, and school and personal data. Variables such as the number of caretakers during developmental years and age of first arrest were found to be significant and pointed to greater individual and familial disruption experienced by suicidal youths. Recommendations for treatment and prevention, based on the experience of this tribe, were made to develop a medical holding facility on the reservation for adolescents and young adults apprehended for intoxication or disruptive behavior.

Edwards, D. E., & Edwards, M. E. (1980). American Indians: Working with individuals and groups. Social Casework, 61(8), 498-506.

The authors discussed the problems and special appreciation of cultural differences required by non-Indian professionals in order to provide effective services to American Indians. Specific areas addressed were: (a) the importance of "the group" in American Indian culture; (b) cultural strengths and weaknesses; (c) stereotypes and myths; (d) relationships in cross-racial situations (dealings with authority); (e) sociocultural expectations; (f) language problems; (g) use of culture-specific techniques; (h) youth groups and groups for the elderly; and (i) suggestions for group workers who wish to maximize their effect.

Ervin, A. (1980). A review of the acculturation approach in anthropology with special reference to recent change in Native Alaska. Journal of Anthropological Research, 36(1), 49-70.

In this article, recent criticism of the acculturation approach to cultural change were examined and answered, and were found to be useful in the examination of certain change domains, such as intergroup relations and historical trends. The term transculturation was introduced to: (a) describe acculturative techniques utilized by modern subordinate ethnic groups in their attempts to resist acculturation trends; and (b) gain a more illustrated and thorough examination of a recent political movement among Alaska Native people, the Alaska Native land-claims movement, whose greatest activity was in the period 1959-1971.

Everett, F., Proctor, N., & Cartmell, B. (1983). Providing psychological services to American Indian children and families. Professional Psychology, 14(5), 588-603.

The authors stressed the need for psychologists to understand the cultural values and backgrounds of their clients in order to provide appropriate mental health services. This article addressed issues that can arise when non-Indian psychologists provide services to American Indian children and families. Cultural differences were delineated in attitudes of and expectations for services, communication styles, and cultural values that may be relevant to service delivery. The authors focused on helping non-Indian psychologists understand and relate to their Indian clientele.

Flaskerud, J. H. (1984). A comparison of perceptions of problematic behavior by six minority groups and mental health professionals. Nursing Research, 33(4), 190-197.

Perceptions of problematic behavior and the suggested management of those behaviors by six minority groups and mental health professionals were compared. The

159 minority respondents included: Chinese Americans, Mexican Americans, Filipino Americans, Native Americans, Black Americans, and Appalachians. Sixty-Eight mental health professionals responded from Pennsylvania, Louisiana, and California. All subjects were interviewed using a structured interview schedule. Groups were compared on responses to 10 vignettes. There were significant differences between the minority and the mental health professional groups, both in the labels placed on problematic behaviors and in the suggested management of the behaviors. The mental health professionals viewed problematic behavior as mental illness and recommended psychiatric treatment for management. The respondents from the various minority groups viewed the behavior from spiritual, moral, somatic, psychological and metaphysical perspectives. These respondents viewed management of the behavior in terms of social, spiritual, economic, vocational, recreational, personal, physical and psychological assistance.

Foulks, E. F., & Katz, S. (1973). The mental health of Alaskan Natives. Acta-Psychiatry-Scandinavia, 49(1), 91-96.

Incidence rates of treated mental disorders in 1968 were compared among five Alaska Native groups. Alcoholism represented the major mental health problem in all groups. Unique patterns emerged for certain other diagnostic categories. Paranoid personality disorders were seen most frequently in Southeastern Alaska Native groups. Depression was characteristic among the larger villages which are predominantly Eskimo. Mental disorder in general, and specifically alcoholism, were seen to be significantly correlated with increases in population size, cash economy, and westernization. The multiple stresses experienced by populations in such rapid transition were discussed in light of these unique patterns of resulting mental disorder.

Fox, J., Manitowabi, D., & Ward, J. A. (1984). An Indian community with a high suicide rate--5 years after. Canadian Journal of Psychiatry, 29(5), 425-427.

A 5-year follow-up was conducted of a suicide epidemic which occurred during 1974 and 1975 on a Manitoulin Island Indian Reserve. Results of the follow-up showed that the suicide rate has dropped to one tenth of that reported during the epidemic and that the rate has reached levels consistent with the rest of Manitoulin Island, including both the Anglo and Native populations. The report also noted a corresponding drop in the rate of violent death and in the number of suicide attempts. It was suggested that the multi-dimensional prevention and intervention measures reported in the follow-up study have contributed to a significant improvement in present conditions.

Frazier, D., & DeBlassie, R. R. (1984). Diagnosing behavior-disordered early adolescents as a function of cultural differences. Adolescence, 19(74), 385-390.

The authors examined the tendency of non-Indian teachers to rate American Indian early adolescents as behaviorally disordered more often than non-Indian children. Non-Indian teachers (N=28) responded to a hypothetical situation by rating an Indian or non-Indian student; no significant cultural bias was found. These results suggest that the use of extant behavior rating scales, such as Burk's test, can be used with children of different cultures with reduced probability of misdiagnosis. It was recommended that educators assess the cultural differences of a child prior to further testing in order to view subsequent test results within the context of the child's culture.

Freeman, D. M., Foulks, E. F., & Freeman, P. A. (1976). Ghost sickness and superego development in the Kiowa Apache male. Psychoanalytic Study of Society, 7, 123-171.

This article presented evidence supporting the contention that "ghost sickness" among Kiowa Apache males can be understood in light of the authors' recent

psychoanalytic conception of superego development. It was suggested that Kiowa Apache males afflicted with this sickness: (a) are not yet able to metabolize the parental introject; (b) bring together aggressive and idealized parental images; or (c) regress at the time of parental mourning. Consequently aggressive and impulsive components of the superego precursor are projected outside as an attacking "ghost" image.

French, L. (1976). Social problems among Cherokee females: A study of cultural ambivalence and role identity. American Journal of Psychoanalysis, 36(2), 163-169.

Social problems of Cherokee women appear to be based on cultural ambivalence and surface as cultural or social problems. Loss of their traditional heritage, coupled with inaccessibility to the Anglo culture, has resulted in confused role identities. The phenomenon of cultural ambivalence evolved from federal paternalism, creating an environment of dependency. The role of federal paternalism was to eliminate or make inaccessible the Indian's traditional culture. The environment of dependency was meant to restrict accessibility to the dominant value system. These current situations are in contrast to the traditional Cherokee culture (Harmony ethic). Historically, Cherokees relied on the clan structure for managing tribal affairs. Policies were decided through the democratic process with participation in voting by both men and women. Those who experience the greatest difficulty are mostly younger Cherokees (teens to late 30's). One of the Anglo cultural values the Cherokee males have come to accept is male superordinance which is characterized by fist fights, being tough, and drinking, all of which are contradictory to the Harmony ethic. Behavioral patterns of these younger Cherokee males affect the women who marry into this age group. The women, many of whom are heads of households, experience family disorganization, mental and physical illness, and alcohol related problems.

Fritz, W. B. (1976). Psychiatric disorders among Natives and non-Natives in Saskatchewan. Canadian Psychiatric Association Journal, 21(6), 393-400.

A survey was conducted during 1973 involving Indian, Metis (mixed Indian and Caucasian descent), and non-Native patients throughout the psychiatric hospitals in Saskatchewan. The survey was designed to: (a) estimate the prevalence of psychiatric disorders; and (b) compare the types of psychiatric disorders among the three populations. A complete census of Indian and Metis patients and a 10% sample of non-Native patients provided the data. Overall rates of hospitalization were similar, 35/100,000 for the native group and 36/100,000 for the non-Native group. However, a larger proportion of the Indian and Metis patients had a diagnosis of personality disorder as compared with the non-Native sample. Finally, the survey results showed that a smaller proportion of Indian and Metis patients had a diagnosis of psychosis. Because previous studies indicate a high prevalence of psychosis among Indian populations, the author concluded that Indians in need of treatment for psychosis were not currently receiving psychiatric services.

Fritz, W. B. (1978). Indian people and community psychiatry in Saskatchewan. Canadian Psychiatric Association Journal, 23(1), 1-7.

In this article, a discrepancy was identified between increases in inpatient admissions and outpatient contacts of Treaty Indians in Saskatchewan from 1967 to 1976. There was a reverse trend in the non-Indian population, which represents a contradictory effect in the intention of the Community Psychiatry Program of the Province's government. No major diagnostic differences at statistically significant levels were found which could account for the results. Although present data indicated that treatment services for Indians in Saskatchewan are less adequate than services for non-Indians, the fact that Indians are using these services at a gradually increasing rate is encouraging.

Fritz, W., & D'Arcy, C. (1982). Comparisons: Indian and non-Indian use of psychiatric services. Canadian Journal of Psychiatry, 27(3), 194-203.

This article described findings of a study which assessed the prevalance of psychiatric disorders, the rates of treatment, and also compared services rendered by inpatient and outpatient clinics. Two groups made up the sample, 4,723 Saskatchewan Indians and 28,096 non-Indians. The groups were stratified by socioeconomic and cultural differences determined through demographics. Major differences were found in diagnostic and treatment strategies in the private and public modes of treatment between the two populations.

Green, B. E., Sack, W. H., & Pambrum, A. (1981). A review of child psychiatric epidemiology with special reference to American Indian and Alaska Native children. White Cloud Journal, 2(2), 22-36.

The authors contended that the best available system for epidemiological classification of psychiatric behavior in children is the American Psychiatric Association's DSM-III. Psychiatric problems recognized among American Indian and Alaskan Native children were reviewed. Many of the DSM-III categories were not found in the Indian literature, however some problems identified were abuse, neglect, foster care, school problems, delinquency, substance abuse, and suicide. Differences in the incidence rates of various diagnoses between Indians and the remaining U.S. population were discussed.

Gustafson, J. P. (1976). The group matrix of individual therapy with plains Indian people. Contemporary Psychoanalysis, 12(2), 227-239.

In this article, it was argued that the rehabilitation model developed for handling problems encountered in urban settings is inappropriate for addressing the same problems in rural areas. The author found that the patient-therapist boundary was influenced primarily by the need of patients to belong to a powerful group.

Three issues were discussed which influence provision of services: (a) the patient's tribal group and the therpist's group (Indian Health Service) have an uneasy truce; (b) the patient's adherence to the beliefs of his religion and his perception of the therapist within the context of these religious beliefs often made the therapist appear to be wrong; and (c) if patients' needs to belong remain unmet, they will often pressure the therapist to become involved in their daily lives.

Hansen, K. T. (1979). American Indians and work in Seattle: Associations, ethnicity and class. Dissertation Abstracts International, 40(6), 3386A. (University Microfilms International No. 7927799)

The author investigated the effects of the setting of urban occupations, associations, and politics upon the ethnicity of urban Indians. The discussion included problems encountered in studying urban Indians, a description of the field setting, social and economic characteristics, and its Indian population. This description highlighted the changing socio-economic character of a particular city and provided the background for more detailed considerations of the interplay between ethnicity and class-related factors among contemporary Indians in Seattle, Washington. Finally, the author described the first efforts of Indians to organize, comparing early ethnic strategies with the support sources used to pursue these strategies.

Haven, G. A., & Imotichey, P. J. (1979). Mental health services for American Indians: The USET program. White Cloud Journal, 1(3), 3-5.

In this article, the United Southern and Eastern Tribes (USET) outlined their mental health service programs. The areas included in USET are tribes located from the Texas border to northern Maine. The USET programs provide service in the

treatment of mental disorders, without differentiating causes of the imbalance. The approach was to develop human service departments and workers in the mental health area who provide service in prevention and treatment of emotional imbalance and behavioral-social maladjustment without programmatically differentiating mental health, alcoholism, and substance abuse. Different tribes have used USET funds to develop their own locally controlled programs.

Hendrie, H. C., & Hanson, D. (1972). A comparative study of the psychiatric care of Indian and Metis. American Journal of Orthopsychiatry, 42(3), 480-489.

Differential inpatient care given to 25 Indians, 39 Metis (mixed Indian and Caucasian descent), and 72 individuals in control groups was studied. Questionnaires regarding attitude were administered to patients and staff. Results indicated that Indians and Metis with the diagnosis of personality disorder received fewer follow-up outpatient appointments and had shorter hospital stays than did control patients. Differences were attributed to staff attitudes regarding the potential benefits of outpatient therapy for these minority group patients.

Humphrey, G. (1985). Civil commitment of Indian persons: A dilemma in mental health and law. White Cloud Journal, 3(4), 27-30.

This article presented a case illustrating the legal and jurisdictional problems confronting Indian tribes when they attempt to deal with mentally disordered and dangerous Indian persons. The article also discussed lack of facilities on Indian reservations and the difficulties involved in tribal courts using state facilities. Finally, the author outlined an extralegal solution that allows one tribal court in Arizona to use state facilities.

Jilek-Aall, L., Jilek, W., & Flynn, F. (1978). Sex role, culture and psychopathology: A comparative study of three ethnic groups in western Canada. Journal of Psychological Anthropology, 1(4), 473-488.

The authors obtained clinical records of psychiatric patients over the age of 16 who represented three ethnic groups: (a) the Coast Salish Indians; (b) the Doukhobors, a religious sect of individuals with a Russian background; and (c) the Mennonites, a German-speaking Protestant group that adheres to the fundamentalist principles of their Anabaptist founders. Chi-square techniques were used to identify 18 symptom items of which one culture group scored significantly higher than the other two groups. Diagnostic categories significantly differentiated among the groups were: (a) schizophrenic psychosis among the Doukhobors; (b) reactive-neurotic depression among the Coast Salish Indians; and (c) affective psychosis among the Mennonites.

Kahn, M. W., & Delk, J. L. (1973). Developing a community mental health clinic on the Papago reservation. International Journal of Social Psychiatry, 19(3-4), 299-306.

In developing a psychological clinic on the Papago Reservation, it was found that the following were of crucial importance: (a) the need for psychological services was recognized by tribal officials as well as by outside health officials; (b) clinic personnel were able to work effectively with Papagos, which required respect for and understanding of Papago culture, values, and personality character-cultural differences; and (c) the service model employed was functional in the face of language and cultural differences. It was determined that a community consultation model employing indigenous mental health workers as well as other Papagos was operationally effective. Using medicine men as professional consultants was also beneficial.

Kelso, D. R., & Attneave, C. L. (1981). Bibliography of North American Indian mental health. Westport, CT: Greenwood Press.

The authors compiled a multidisciplinary, cross-cultural bibliography of literature regarding mental health among American Indians, and Alaskan and Canadian Natives. Included in the document are those studies which have American Indian subjects and which explore mental health issues or variables affecting mental health. For the purpose of the bibliography, the authors defined "mental health" as a continuum of states and behaviors ranging from the vigorous and healthy to the pathological.

Kraus, R. F., & Buffler, P. A. (1979). Sociocultural stress and the American Native in Alaska: An analysis of changing patterns of psychiatric illness and alcohol abuse among Alaska Natives. Culture, Medicine and Psychiatry, 3(2), 111-151.

In this article, selected statistics on morbidity and mortality were used to outline the current status and developing trends of psychiatric illness and alcohol abuse among the Aleut, Athabascan, Yupik, Inupiat, Tlingit, Haida, and Tsimpshian peoples of Alaska. Analysis of records of health care providers indicated a steady increase in the number of individuals treated for such problems. Accidental injury and suicidal behavior were common. Treated prevalence rates exceeded those of other populations. Rates of violent death, suicide, homicide, accidents and alcohol abuse were higher for Alaska Natives than for non-Natives, American Indians, and for all United States populations.

LaDue, R. A., & Marcelley, J. (1980). The community mental health movement: Implications for American Indian mental health. Paper presented at the Annual Meeting of the Western Psychological Association, Honolulu, HI. (ERIC Document Reproduction Service No. ED 189 531)

This paper described the growth of the community health movement, its responsibilities, and impact of service delivery on American Indians and others.

Some of the problems that lead to the need for mental health services among American Indians were outlined. Problems discussed were dependency, negative self-concepts, and limited access to either the traditional Indian culture or the majority culture. Cultural ambivalence and feelings of depression were visible manifestations of these and other problems. In addition, limitations of size and lack of personnel appeared to prevent the development of inpatient care and partial hospitalization services. The authors recommended that any mental health program designed for American Indians should also include a strong cultural element to enhance program effectiveness.

Lewis, R., & Keung Ho, M. (1975). Social work with Native Americans. Social Work, 20(5), 379-382.

The authors described Native American traits that should be considered by social workers when implementing programs for this population. As preparation for counseling the Native American family, the authors suggested that the social worker must establish a working relationship based on genuine respect for the culture. In addition, it was recommended that social workers: (a) develop techniques in communication, and (b) recognize and understand the significance of the family. Humanistic approaches to counseling and psychotherapy were discussed in relation to the unique concept of "groups" held by Native Americans. A final discussion on community work with important suggestions for social workers who wish to initiate meaningful social change was included.

Lewis, T. H. (1975). A syndrome of depression and mutism in the Oglala Sioux. American Journal of Psychiatry, 132(7), 753-755.

This article described the Wacinko syndrome in the Oglala Sioux which varies from a non-clinical reaction to pathological degrees of anger, pouting, withdrawal,

depression, psychomotor retardation, mutism, immobility, and suicide. The author noted that although indigenous practitioners recognize the syndrome as a distinctive disorder, it has not been described by non-Indian practitioners. A case report was presented, and it was suggested that such cases are diagnosable as reactive depressive illness. Treatment of the syndrome is often conducted by the native herbalists, or through healing meetings of the peyote groups of the Native American Church. The author suggested that the Wacinko syndrome as previously undescribed in medical literature merits recognition by physicians practicing in clinics serving the Oglala Sioux.

Lustig, J., Ross, A., Davis, D., & Old Elk, J. (1979). The needs of elderly Indians in Phoenix, Arizona: Recommendations for services. (Available from Affiliation of Arizona Indian Centers, Inc. 2721 N. Central Ave., Suite 910, Phoenix, Arizona 85004.)

This study provided service and planning agencies with information regarding elderly Indians residing in Phoenix, Arizona. The study indicated that elderly Indians maintain close contact with other Indians and Indian organizations, and that they are isolated in the city by culture and language differences, lack of close familiar ties, unfamiliarity with the urban social service bureaucracy, poor health, and poor transportation. Recommendations included recognition by federal and local agencies that Indians are a distinct urban ethnic group and should be involved in the planning of services for senior citizens.

Manson, S. M., & Shore, J. H. (1981). Psychiatric epidemiological research among American Indians and Alaska Natives: Methodology. White Cloud Journal, 2(2), 48-56.

Although the sources of service utilization records are varied and limited in value, this article considered such records as serving as guide for selectively focused research. An example was presented of an ongoing study of depressive

behaviors among two culturally distinct tribal communities. The methodological questions that arose required a different approach than those suggested in much of the literature. Thus, a tentative psychiatric epidemiology research framework was outlined--the major components of which are community collaboration, sampling techniques, instrument development, and implementation.

Marano, L. A. (1982). Windigo psychosis: The anatomy of an emic-etic confusion. Dissertation Abstracts International, 43(1), 204A-205A. (University Microfilms Interntational No. DA 8213671)

Although "windigo psychosis" has served anthropology as a classic example of culture-bound psychopathology for almost half a century, five years of field experience among the Northern Algonkian peoples of Canada, extensive archival research, and a critical examination of the voluminous literature on windigo, have indicated that there were never any windigo psychotics in an etic and behavioral sense. It was argued that an emic and mentalist bias has limited the abilities of anthropologists to adequately analyze the Algonkian windigo complex. Finally, the author argued that there is no reliable evidence for psychotic cannibalism, either in the windigo literature or in the archives.

McCoy, G. F. (1981). Delivery of psychological services to Native Americans: How real is cultural relevancy? Paper presented at the Annual Meeting of American Psychological Association, Los Angeles, CA. (ERIC Document Reproduction Service No. ED 209 050)

The author described factors such as values, traditions, customs, institutions, language, kinship systems, beliefs and skills as being highly pertinent in providing mental health services. The report revealed allegations of serious abuse of cultural relevancy in serving Native Americans, questioned what Native American mental health is and how it differs from non-Native American mental health, and illustrated through three case reports the complexities in serving Native Americans.

McDiarmid, G. W. (1983). Community and competence: A study of an indigenous primary prevention organization in an Alaskan village. White Cloud Journal, 3(1), 53-74.

The author presented an example of one of the few preventative programs initiated by an indigenous people. The Chevak Village Youth Association, located in a remote Alaskan village, serves an educational, social, recreational, community service, and economic purpose. The responsibilities that the students take on when planning and conducting these services is thought to contribute to their sense of competency and to the use of available resources. While there is no evidence that this program reduces the rate of mental health problems, this youth organization is instrumental in increased efficacy and competency of the community as a whole.

Meketon, M. J. (1983). Indian mental health: An orientation. American Journal of Orthopsychiatry, 53(1), 110-115.

This article includes a brief overview of Indian mental health needs, problems, and services among predominantly rural populations. The author also focused on issues that arise when traditional Indian healing is included in the national health service system. Problems in developing a policy capable of integrating traditional healing with modern mental health techniques were presented.

Nutting, P. A., Price, T. B., & Batsy, M. L. (1979). Non-health professionals and the school-age child: Early intervention for behavioral problems. Journal of School Health, 49(2), 73-78.

In this article, a method was described to utilize dormitory parents in direct care activities for the early intervention of behavioral problems in the school-age child. Specific information gathering, assessment, treatment, referral and follow-up tasks were defined and incorporated into a problem-solving protocol which served to: (a) guide the dormitory parents through the defined problem-solving process, (b) promote early identification of students with behavioral problems, and

(c) expedite referral to professionals for students with more severe problems. The methodology was pilot tested in a large American Indian boarding school, to determime the feasibility and efficacy of dormitory parents in a therapeutic role as one component of a team approach to the management of behavioral problems. The pilot study resulted in a significant reduction in the rates of alcohol abuse and school dropouts, justifying further application in a variety of settings.

Pelz, M., Merskey, H., Brant, C., Patterson, P. G. R., & Heseltine, G. F. D. (1981). Clinical data from a psychiatric service to a group of Native people. Canadian Journal of Psychiatry, 26(5), 345-348.

Analyses were conducted on 41 patients at a psychiatric clinic serving Canadian Natives. Among the sample, 18 were treated for depression, 3 for mania, and 1 for schizophrenia. Thirty-seven percent reported alcohol abuse, though alcoholism was not a primary diagnosis. Although some patients reported their parents as being alcoholic, they continued to regard them highly. Reasons were discussed for schizophrenia being overdiagnosed among Native peoples in the past, and feelings were investigated on being a Native in Canada today, i.e., only 5% indicated a preference for a different identity.

Proskauer, S., Barsh, E. T., & Johnson, L. B. (1980). Imaginary companions and spiritual allies of three Navajo adolescents. Journal of Psychological Anthropology, 3(2), 153-174.

This article discussed three case studies of Navajo adolescents, aged 16-17 years, who were referred to a mental health clinic due to the subjects imagined companions. Experiences of the subjects were recounted from cultural, psychodynamic, and developmental standpoints. Findings were examined theoretically in terms of narcissism and object relations in adolescence because, following a brief psychotherapeutic intervention, the Navajo adolescents made peace with this

conflict. The three adolescents under study had integrated their imaginary companions with an alliance of a trusted person to achieve a sense of wholeness.

Resnik, H. L. P., & Dizmang, L. H. (1971). Observations on suicidal behavior among American Indians. American Journal of Psychiatry, 127(7), 882-887.

The authors discussed the sociocultural factors contributing to suicide rates on Indian reservations, which are significantly higher than the national average. Among the factors described were: (a) the breakdown of traditional values and patterns of behavior as a result of enforced residence on reservations; (b) geographical isolation; (c) widespread unemployment; and (d) high incidence of alcoholism. The authors concluded that: (a) programs for suicide prevention on Indian reservations must recognize these social problems and be prepared to work toward their solutions; and (b) Indians themselves must be actively involved in the planning and operating of prevention programs.

Rhoades, E. R., Marshall, M., Attneave, C., Echohawk, M., Bjork, J., & Beiser, M. (1980). Impact of mental disorders upon elderly American Indians as reflected in visits to ambulatory care facilities. Journal of the American Geriatric Society, 28(1), 33-39.

Impact of mental health problems among elderly American Indians was assessed through a study on utilization patterns of ambulatory care facilities by Indians of various age groups. Because the elderly constitute a small fraction of the Indian population, they have not received significant attention. However, their problems are rapidly increasing. Through an analysis of the numbers of "visits" made to the mental health clinic by the elderly, by age groups, it was determined that the visits made by older Indians were for "social" problems rather than "mental" disorders. These data provided helpful information in the design of social and health programs for the elderly.

Robbins, S. (1982). Stereotyping in American Indian mental health. Free Inquiry in Creative Sociology, 10(1), 101-104.

This article examined the concern that psychiatric approaches to American Indians are based on Western European cultural assumptions. The degree to which this produces errors in patient classification, and the degree of stereotyping of American Indians by clinicians, was explored. Case records of two groups were compared: (a) American Indians (N=40), aged 13-18, who were admitted over a three year period to the adolescent treatment unit of a community hospital in Ur, Minneosta; and (b) a random sample (N=40) of adolescent patients of other ethnic backgrounds who were admitted over the same period of time. Results of this study showed that Indians are viewed as being different and as requiring different patterns of treatment; they are stereotyped as being nonverbal and physically aggressive. The author recommended that Indians participate in the development of therapeutic programs to avoid stereotyping in the future.

Ryan, R., & Trimble, J. (1978). Toward an understanding of the mental health and substance abuse issues of rural and migrant ethnic minorities: A search for common experiences. Paper prepared for the National Health and Substance Abuse issues of Rural and Migrant Ethnic minorities: A Search for Common Experiences. (ERIC Document Reproduction Service No. ED 174 382)

In this article, the authors argued that the current reversal of the rural to urban migration trend among Blacks, American Indians, and Hispanics will create a myriad of coping and adaptation problems for the urban to rural migrant and the rural nonmigrant as well. It was suggested that an understanding of these problems can be accomplished by reviewing studies of the ethnic minorities' rural to urban migration, and the coping patterns of rural and migrant communities. New migration patterns will affect mental health and substance abuse, two areas closely tied to coping and adaptation strategies. The authors noted that studies of the incidence of mental illness among rural and migrant minorities have shown no consistent

pattern of failure to adjust. However, it was pointed out that criticism of these studies stems from the use of hospital statistics to determine incidences of mental illness while failing to consider migrant characteristics and circumstances under which a move occurred. The type and extent of substance abuse varies among ethnic groups but is increasing for the rural and migrant ethnic minorities. Although studies have identified stresses which affect substance abuse, they have not determined the impact of social mobility and environmental change on substance abuse. The authors recommended that research be conducted to identify the indigenous mechanisms used to control and prevent emotional problems and abuses of narcotics and alcohol.

Shneidman, E. S., & Swenson, D. D. (Eds.). (1967). Bulletin of suicidology. National Clearinghouse for Mental Health Information. Chevy Chase, MD: Center for Studies of Suicide Prevention.

The Center for Studies of Suicide Prevention was described, and 10 points of a national suicide prevention program were explained. The following were also included: (a) an article on suicide among the Cheyenne Indians which discusses possible causes and solutions of the nearly epidemic suicide rate; (b) a report of the Mental Health Program Development Conference on depression and suicide, held in February 1967; and (c) a directory of suicide prevention facilities in the United States. The directory was compiled in June of 1967, listing the addresses, telephone numbers, scope of service, type of staffing, and names of directors for each suicide prevention service.

Shore, J. H. (1975). American Indian suicide--Fact and fantasy. Psychiatry, 38(1), 87-91.

In this article, the author presented an epidemiology report on American Indian suicide patterns in the Pacific Northwest. The purpose of this report was to: (a)

describe the first three years of a pilot project in suicide epidemiology; (b) demonstrate significant differences in tribal suicide rates; (c) show that the total American Indian population has equally significant differences in tribal comparisons; and (d) clarify previous misconceptions about the "American Indian suicide phenomenon." The author emphasized that crisis intervention and counseling services alone will not solve problems for high-risk families. Acculturation pressures play a large role, long-standing cultural and historical influences possibly influence suicide patterns in specific tribes.

Shore, J. H., Bopp, J., Waller, T., & Dawes, J. (1972). A suicide prevention center on an Indian reservation. American Journal of Psychiatry, 128(9), 1086-1091.

This article described the background and development of a suicide prevention service on an Indian reservation. Characteristics of the patient population were analyzed and reported as follows: (a) 62% were under 25 years of age; (b) 82% were Indian male; (c) 88% had an arrest record; (d) 94% of the suicides were in association with alcohol abuse and/or inhalant sniffing; and (e) 66% used hanging as their suicide method. The authors recommended that, for mental health consultants, the importance of timing and an understanding of the complexities of the sociopolitical milieu are essential in supporting the development of such a community sponsored program.

Shore, J. H., Kinzie, J. D., Hampson, J. L., & Pattison, E. M. (1973). Psychiatric epidemiology of an Indian village. Psychiatry, 36(1), 70-81.

This article summarized a study conducted on the psychiatric epidemiology of Pacific Northwest Coastal Indians. The purpose of the study was threefold: (a) to assess the probability and severity of psychiatric impairment in a Pacific Northwest Coastal Indian village; (b) to compare epidemiologic data from this culture with epidemiologic data from three different cultures where comparable survey methods

have been employed; and (c) from these data to assess the hypothesis that psychiatric morbidity is causally related to social disorganization. Some of the findings noted in this article included: (a) alcohol is the major psychiatric problem, if not the major health problem of this Indian village (over 25% of the adult population was judged to have significant impairment from drinking); (b) peptic ulcers were also prevalent in this Indian village, the prevlance rate being 15%; and (c) symptom patterns for men and women differed significantly, psychoneurotic and psychophysiologic syndromes found in women and alcohol impairment noted with men. The findings of this study supported evidence that a relationship exists between social disorganization and psychiatric morbidity. Although the authors cautioned that no generalization should be made from this study, it does support the use of epidemiologic methods as a means of determining mental health program priorities that can lead to effective mental health intervention.

Shore, J. H., & Manson, S. M. (1981). Cross-cultural studies of depression among American Indians and Alaska Natives. White Cloud Journal, 2(2), 5-12.

The authors noted that, although mental health workers are aware that many of their American Indian and Alaskan Native patients have been treated for depression, there are relatively few studies that have actually identified the incidence and prevalence of depression among these groups. They suggested that to conduct an epidemiological study, the character and symptoms of depression among Indians must be better recognized. Further, the article suggested that Western methods, such as the Minnesota Multiphasic Personality Inventory and the Cornell Medical Index, have only limited validity due to culture and language differences between Indians and norming groups. The authors concluded greater understanding of the indigenous concepts of depression-like syndromes could help in the task of designing an instrument to identify depression among Indians.

therapists. An analysis of the services received by minority clients in 17 community mental health facilities suggested that Blacks received differential treatment and poorer outcomes than Anglos. However, Asian-American, Chicano, and Native American clients tend to receive treatment equal to that of Anglo clients although they had poorer outcomes as measured by premature termination rates. It was suggested that a time will come when minority clients receive equal but unresponsive services, and that primary attention should be placed on delivering responsive services.

Sue, S., Allen, D. B., & Conaway, L. (1978). The responsiveness and equality of mental health care to Chicanos and Native Americans. American Journal of Community Psychology, 6(2), 137-147.

This study focused on Native Americans and Chicanos and was part of a larger study on mental health service delivery to minority clients. Data was collected from 17 mental health centers in the Seattle area. The study showed an overrepresentation of Native Americans and no evidence of discriminatory services emerged for either group. Yet, both groups failed to return for treatment after the initial meeting, i.e., Chicanos-42%, and Native Americans-55%. Based on this study, the need exists for development of responsive services while considering culture and varied life styles in treatment effectiveness.

Timpson, J. (1984). Indian mental health: Changes in the delivery of care in northwestern Ontario. Canadian Journal of Psychiatry, 29(3), 234-241.

Ten years of efforts by University of Toronto psychiatrists were described. The psychiatrists visited isolated Indian villages in remote northwestern Ontario, offering a clinical psychiatric program. Initially, two non-Indian social workers provided ongoing service between the psychiatric visits. Recognizing the difficulty

in providing psychotherapy cross-culturally, members of the treatment team provided training for local persons not formally trained in the treatment of mental health problems. This article described a significant shift in the psychiatric program. Beginning in 1981, local community people took over the service. The result was an increase in the ability of the community to provide a preventative psychiatric program. Community based workers have dealt with early marital difficulties, grief reactions, transitional depressive states, and to a lesser extent, with major mental illnesses. In areas which have community based treatment teams, the emphasis in psychiatric service is shifting from direct clinical work to formal teaching and case consultations with indigenous counselors. Evidence indicated optimism that the service is reaching more persons before the emergency stage than it did in previous years.

Torrey, E. F. (1970). Mental health services for American Indians and Eskimos. Community Mental Health Journal, 6(6), 455-463.

In this article, the past and present mental health services for American Indians and Eskimos were surveyed and found to be inadequate. A plan was outlined for the development of services based upon a cooperative rather than a paternalistic method with minority groups. The plan for services included use of indigenous therapists for individual and group psychotherapy, modification of etiological beliefs, and an emphasis upon primary prevention. These principle practices have been put into effect among the Eskimos. The outcome would be a system of mental health services specifically adapted to the culture, realistically commensurate with available manpower, and compatible with dignity for the group.

Townsley, H. C., & Goldstein, G. S. (1977). One view of the etiology of depression in the American Indian. Public Health Reports, 92(5), 458-461.

In this article, it was hypothesized that depression in American Indians is rooted in their passive dependence on government services, leading to a lack of control over their lives. Chronically high unemployment rates, lack of education, and prejudicial victimization were also noted as contributing to dependence. It was recommended that American Indians be allowed to be responsible for policy and planning within their own tribes.

Tyler, J. D., Cohen, K. N., & Clark, J. S. (1982). Providing community consultation in a reservation setting. Journal of Rural Community Psychology, 3 (1), 49-58.

A service and training program for providing community psychology services on an Indian reservation was described. A number of issues important to service delivery in this cross-cultural setting were discussed. These issues included: (a) accommodating different customs and values; (b) interacting with indigenous paraprofessional consultees; and (c) dealing with unique features of the Indian client. It was noted that the reservation community can be viewed as a semi-closed system for providing human services.

Wechsler, J. G. (1983). American Indian law on child abuse and neglect. Child Abuse and Neglect, 7(3), 347-350.

The author discussed the fact that a wide variety of American Indian tribal codes on child abuse and neglect are currently in effect. Described were efforts, now underway, to collect and analyze Indian tribal codes on child abuse and neglect, and how these efforts support the national interest to improve Indian child welfare services. The knowledge provided by the author will be helpful to Indian tribes as they assess their own codes and will provide a new body of information on the

current U.S. laws regarding child abuse and neglect. Many Indian tribes use federal resources to develop and revise their child welfare codes, including those elements pertaining to child abuse and neglect. The momentum underway to improve Indian child welfare services can be expected to include changes in tribal codes on child abuse and neglect.

Wilson, W., & Colhoun, J. F. (1974). Behavior therapy and the minority client. Psycho-therapy, Theory, Research and Practice, 11(4), 317-325.

This article covered the roles and activities of counselors who work in social programs and activities in Native American communities. The authors detailed the use of principles common to behavioral therapies, modifying these principles specifically for their use with minority clients. Different techniques and a variety of minorities were discussed. The authors closed the article with a summary outlining three major concerns therapists must consider in order to deal adequately and efficiently with minority clients.

Wise, F. (1981). Mental health and support systems among urban Native Americans. Dissertation Abstracts International, 42(8), 3450B. (University Microfilms International No. 8202537)

This investigation explored relationships between help-sources utilized for "personal" problems and the mental health and well-being of an urban Native American sample from Grand Rapids, Michigan. The data was collected from 88 adult Native Americans affiliated with the Ottawa, Chippewa, and Potowatomi Tribes. All were parents of school age children. The findings indicated significantly weaker traditional familial and informal support systems than the author expected, accompanied by minimal reliance on formal supports. The implications of these findings for future research and program efforts to strengthen support networks within an urban Indian community were discussed.

Wolman, C. (1970). Group therapy in two languages, English and Navajo. American Journal of Psychotherapy, 64(4), 677-685.

This article discussed the widespread belief that psychiatric techniques are culture-bound, and that a therapist cannot help people who speak a language different from his own. The author described a one year experience to the contrary. Navajos for whom drinking posed a problem, participated in group therapy led by an English-speaking physician with the aid of an interpreter. The therapist did not understand Navajo, the language most frequently used by his patients. Both the difficulties and the advantages of this arrangement were discussed.

Youngman, G., & Sadongei, M. (1974). Counseling the American Indian child. Elementary School Guidance and Counseling, 8(4), 273-277.

The author described the cultural heritage of American Indians and the resulting difficulties that Indian children experience in public schools. Implications for counselors were discussed. For example, a counselor who shows sincere friendliness by visiting the home and developing interest in the entire family will likely find Indian children open to communication. The authors noted that because of different tribal backgrounds, there is no set of rules for working with Indian children. Therefore, the authors recommended that counselors understand the need for patience and maintain open minds when working with Indian children.